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| FIRST Named Inventor ROBERTS AUG 0   | EVC  |                      |               | Application Number                 | 09/843,342 <b>RECENT</b>                       |  |  |  |
|--|--|----------------------|---------------|------------------------------------|--|--|--|--|
| Cope used all correspondence after initial filings    Group Art Unit   1644   TECH CENTER  | (to be used all correspondence after initial filing) |                      |               | Filing Date                        | April 25, 2001                                 |  |  |  |
| Examiner Name    Examiner Name |  |                      |               | First Named Inventor               | ROBERTS AUG 0 8 200                            |  |  |  |
| Examiner Name  |  |                      |               | Group Art Unit                     | 1644 TECH CENTER 1600                          |  |  |  |
| ENCLOSURES (check all that apply)    Assignment Papers (for an Application)   After Allowance Communication to Group   Appeal Communication to Board of Appeals and Interferences   Appeal Communication   Appeal Communication to Board of Appeals and Interferences   Appeal Communication to Board of Appeals and Interferences   Appeal Communication to Board of Appeal Communication   Appeal Co |  |                      |               | Examiner Name                      |  |  |  |  |
| See Attached   | Total Number of Page                                 | s in This Submission | 12 +          | Attorney Docket Number             | GA0211US                                       |  |  |  |
| Fee Attached   |  |                      | ENCL          | OSURES (check all that apply)      |  |  |  |  |
| Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Petition Petition to Convert to a Provisional Application Perition to Convert to a Provisional Application Change of Correspondence Address Terminal Disclaimer Request Request for Refund Information Disclosure Statement Cortified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53  SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  Elizabeth Lassen Genzyme Corporation 15 Pleasant Street Connector P.O. Box 9322 Framingham, Massachusetts 01701/9322  Signature  CERTIFICATE OF MAILING  I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:  Appeals and Interferences Appeal Communication to Group (Appeal Motice, Brief, Reply Brief) Provisional Application Change of Convert to a Provisional Application Change of Converspondence Address (please identify below): PTO Form 1449 (3 sheets); coples of fifteen (15) cited references; return postcard references; return postcard references  SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  Elizabeth Lassen Genzyme Corporation 15 Pleasant Street Connector P.O. Box 9322 Framingham, Massachusetts 01701/9322  Signature  CERTIFICATE OF MAILING  I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:  Appeal Samuel Communication    Appeal Communication   Provident to a Provisional Application   Provident to a Provisional Appeal Communication   Convergence of Addressed   Convergence of Addressed   Convergence of Addressed   Convergence of Addressed   Co | Fee Transmittal F                                    | Form                 |               |                                    |  |  |  |  |
| After Final  |  | ı                    | ☐ Drawin      | ng(s)                              |  |  |  |  |
| Affidavits/declaration(s)  | Amendment / Re                                       | sponse               | Licens        | ing-related Papers                 |  |  |  |  |
| Affidavits/declaration(s)  Provisional Application  Terminal Disclaimer  Request for Refund  Provisional Application  Request for Refund  Provisional Provisional Application  Request for Refund  Provisional Application  Request for Refund  Provisional Application  Provisional Application  Request for Refund  Provisional Application  Provisional Application  Request for Refund  Provisional Application  Request for Refund  Provisional Application  Provisional Application  Request for Refund  Provisional Application  Provisional Application  Request for Refund  Remarks  Provide references; return postcard  References; provide references; provide references; provide references; provide refer | After Final  |                      |               |                                    | Proprietary Information                        |  |  |  |
| Extension of Time Request  Change of Correspondence Address  Terminal Disclaimer Request for Refund Request for Refund CD, Number of CD(s)  Remarks  Certified Copy of Priority Document(s) Response to Missing Parts under 37 CFR 1.52 or 1.53  SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  Elizabeth Lassen Genzyme Corporation 15 Pleasant Street Connector Individual name P.O. Box 9322 Framingham, Massachusetts 01701/6322  Signature  Date  CERTIFICATE OF MAILING  In remarks  Change of Correspondence Address  PTO Form 1449 (3 sheets); copies of fifteen (15) cited references; return postcard  Request for Refund Request for  | Affidavits/dec                                       | claration(s)         | _             |                                    | Status Letter                                  |  |  |  |
| Express Abandonment Request   Request for Refund   CD, Number of CD(s)   | Extension of Time                                    | e Request            |               |                                    |  |  |  |  |
| Certified Copy of Priority Document(s)  Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53  SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  Elizabeth Lassen Genzyme Corporation 15 Pleasant Street Connector P.O. Box 9322 Framingham, Massachusetts 01701/9322  Signature  Date  CERTIFICATE OF MAILING  hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:  August 1, 2002  Typed or printed name  TABYN ANTALEK   | Express Abandor                                      | nment Request        |               |                                    | copies of fifteen (15) cited                   |  |  |  |
| Document(s)  Response to Missing Parts/ Incomplete Application  Response to Missing Parts under 37 CFR 1.52 or 1.53  SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  Elizabeth Lassen Genzyme Corporation 15 Pleasant Street Connector P.O. Box 9322 Framingham, Massachusetts 01701/9322  Signature  Date  CERTIFICATE OF MAILING  Thereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:  August 1, 2002  Typed or printed name  TABXN ANTALEK  | Information Discl                                    | osure Statement      | CD, N         | umber of CD(s)                     |  |  |  |  |
| Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53  SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  Elizabeth Lassen Genzyme Corporation 15 Pleasant Street Connector P.O. Box 9322 Framingham, Massachusetts 01701/9322  Signature  Date  CERTIFICATE OF MAILING  Thereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:  August 1, 2002  Typed or printed name  TABYN ANTALEK   |  |                      | Rema          | rks                                |  |  |  |  |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  Elizabeth Lassen Genzyme Corporation 15 Pleasant Street Connector Individual name Promingham, Massachusetts 01701/9322  Signature Date  CERTIFICATE OF MAILING  Thereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:  August 1, 2002  Typed or printed name  TABYN ANTALEK  |  |                      |               |                                    |  |  |  |  |
| Firm Genzyme Corporation 15 Pleasant Street Connector P.O. Box 9322 Framingham, Massachusetts 01701/9322  Signature  Date  CERTIFICATE OF MAILING  Thereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:  August 1, 2002  Typed or printed name  TARYN ANTALEK   | Parts under 37 CFR                                   |                      |               |                                    |  |  |  |  |
| Firm Genzyme Corporation 15 Pleasant Street Connector P.O. Box 9322 Framingham, Massachusetts 01701/9322  Signature  Date  CERTIFICATE OF MAILING  hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:  August 1, 2002  Typed or printed name  TARYN ANTALEK  |  | SIGNA                | TURE OF       | APPLICANT, ATTORNEY, O             | R AGENT  |  |  |  |
| 15 Pleasant Street Connector P.O. Box 9322 Framingham, Massachusetts 01701/9322  Signature  Date  CERTIFICATE OF MAILING  hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:  August 1, 2002  Typed or printed name  TABYN ANTALEK   |  |                      |               |                                    |  |  |  |  |
| Individual name  P.O. Box 9322 Framingham, Massachusetts 01701/9322  Signature  Date  CERTIFICATE OF MAILING  hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:  August 1, 2002  TABYN ANTALEK  |  |                      |               |                                    |  |  |  |  |
| Signature  Date  CERTIFICATE OF MAILING  hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:  August 1, 2002  Typed or printed name  TARYN ANTALEK  |  |                      |               |                                    |  |  |  |  |
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| CERTIFICATE OF MAILING  hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:  August 1, 2002  TARYN ANTALEK  | Signature  | Mialith Jana         |               |                                    |  |  |  |  |
| hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:    August 1, 2002   TABYN ANTALEK   August 1, 2002   Taby   | Date   | 8/1                  | 102           |                                    |  |  |  |  |
| addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:  August 1, 2002  Typed or printed name  TABYN ANTALEK   |  |                      | CE            | RTIFICATE OF MAILING               |  |  |  |  |
| Typed or printed name TARYN ANTALEK  | hereby certify that th                               | nis correspondence i | s being depo  | osited with the United States Post | tal Service as first class mail in an envelope |  |  |  |
|  | addressed to: Assist                                 | ant Commissioner fo  | or Patents, W | /ashington, D.C. 20231 on this da  | ate: August 1, 2002                            |  |  |  |
| Signature Date: 8-1-2002   | yped or printed nam                                  | e TARYN ANTA         | ALEK /        |                                    |  |  |  |  |
| I WWW INVENTION I I I I I I I I I I I I I I I I I I  | Signature  | Illum                | UNHAL         | UR                                 | Date: 8-1-2002                                 |  |  |  |

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| THE TRANSMITTAL                            |                      | Complete if Known |                  |            |  |  |  |  |
|--|----------------------|-------------------|------------------|------------|--|--|--|--|
| FEE TRANSMITTAL                            | Application Number   | 09/843,342        | RECEIV           | (ED<br>002 |  |  |  |  |
| A  | Filing Date          | April 25, 2001    | AUG 0 8 30       |            |  |  |  |  |
| $\Psi \leftarrow \Psi$                     | First Named Inventor | ROBERTS           |                  | , O.Z.     |  |  |  |  |
| Regnt fees are subject to annual revision. | Examiner Name        | Amy M. Decloux    | TECH CENTER 16   | กก/วดกก    |  |  |  |  |
| <b>V</b> '                                 | Group / Art Unit     | 1644              | TEON OLIVIEN 100 | 00/2000    |  |  |  |  |
| . Samount of PAYMENT (\$) 180              | Attorney Docket No.  | GA0211US          |                  |            |  |  |  |  |

| TOUR PATRICIAL (3) 100   |             |   |             |  |                             | Altomey Bocket No.  |             |                             |   |   |                                  |  |          |
|--|-------------|---|-------------|--|-----------------------------|---------------------|-------------|-----------------------------|---|---|----------------------------------|--|----------|
| METHOD OF PAYMENT (check one)                                    |             |   |             |  | FEE CALCULATION (continued) |                     |             |                             |   |   |                                  |  |          |
| 1.   |             | The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: |             |  |                             |                     |             | DITIONAL<br>Large<br>Entity |   | Small<br>Entity                         |                                  |  |          |
| Deposit  |             |   |             | Fee<br>Code  | Fee<br>(\$)                 | Fee<br>Code         | Fee<br>(\$) | Fee Description             | Fee<br>Paid   |   |                                  |  |          |
| Account 07-1074<br>Number  |             |   |             |  | 105                         | 130                 | 205         | 65                          | Surcharge - late filing fee or oath                           |   |                                  |  |          |
| Depo   |             |   |             |  |                             |                     | )<br>]      | 127                         | 50  | 227                                     | 25                               | Surcharge - late provisional filing fee or cover sheet.                          |          |
| Accou  | unt         | GENZY   | ME CO       | DRPORATION   |                             |                     | İ           | 139                         | 130   | 139                                     | 130                              | Non-English specification  |          |
| Name   |             |   |             | 3  |                             |                     | J           | 147                         | 2,520   | 147                                     | 2,520                            | For filing a request for reexamination   |          |
| \  | Jnder 37 (  | / Additiona<br>CFR 1.16 a<br>claims sma   | and 1.1     | 7  |                             |                     |             | 112                         | 920*  | 112                                     | 920*                             | Requesting publication of SIR prior to<br>Examiner action                        |          |
|  | See 37 CF   |   | · · · · · · | y status.  |                             |                     |             | 113                         | 1,840*  | 113                                     | 1,840*                           | Requesting publication of SIR after<br>Examiner action                           |          |
| u  | . ayınıcıı  |   | ٠.          |  |                             |                     |             | 115                         | 110   | 215                                     | 55                               | Extension for reply within first month   |          |
|  | Check       | ☐ Cred  | it card     | ☐ Money<br>Order   |                             | ther                |             | 116                         | 400   | 216                                     | 200                              | Extension for reply within second month  |          |
|  |             |   | FEE C       | ALCULATION   |                             |                     |             | 117                         | 920   | 217                                     | 460                              | Extension for reply within third month   |          |
| 1. BASIC FILING FEE  |             |   |             |  |                             | 118                 | 1,440       | 218                         | 720   | Extension for reply within fourth month |                                  |  |          |
| Large  | Entity S    |   | ntity<br>ee | Fee Description  |                             |                     |             | 128                         | 1,960   | 228                                     | 980                              | Extension for reply within fifth month   | ļ        |
| Fee<br>Code  |             |   | ee<br>\$)   | ree Description  | •                           | Fee Paid            |             | 119                         | 320   | 219                                     | 160                              | Notice of Appeal   |          |
| 101  |             |   |             | Utility filing fee   |                             |                     |             | 120<br>121                  | 320<br>280  | 220<br>221                              | 160<br>140                       | Filing a brief in support of an appeal   |          |
| 106  | 330 2       | 206 1   | 65          | Design filing fee  | ľ                           |                     |             | 121                         | 200   | 221                                     | 140                              | Request for oral hearing Petition to institute a public use                      |          |
| 107  |             |   |             | Plant filing fee   |                             |                     | 138         | 1,510                       | 138   | 1,510                                   | proceeding                       |  |          |
| 108  |             |   |             | Reissue filing fe  |                             |                     | 140         | 110                         | 240   | 55                                      | Petition to revive – unavoidable |  |          |
| 114  | 160 2       | 214 8   | U           | Provisional filling  | gree [                      |                     |             | 141                         | 1,280   | 241                                     | 640                              | Petition to revive – unintentional   |          |
|  |             | SUB   | TOTAL       | _ (1)  | Г                           | (\$) 0              |             | 142                         | 1,280   | 242                                     | 640                              | Utility issue fee (or reissue)   |          |
|  |             |   |             |  |                             |                     |             | 143                         | 460   | 243                                     | 230                              | Design issue fee   |          |
| 2. EXTR  | A CLAIM     | FEES  |             |  |                             | _                   |             | 144                         | 620   | 244                                     | 310                              | Plant issue fee  |          |
|  |             |   |             |  | ee from<br>elow             | Fee<br>Paid         |             | 122                         | 130   | 122                                     | 130                              | Petitions to the Commissioner  | $\vdash$ |
| Total Claim  | is          | -20 *   | • = [       | 0 X  |                             | = 0                 |             | 123                         | 50  | 123                                     | 50                               | Processing fee under 37 CFR 1.17 (q)   | -        |
| ndependen<br>Claims  | ·           | -3 **   | =           | 0 X  |                             | = 0                 |             | 126                         | 180   | 126                                     | 180                              | Submission of Information Disclosure<br>Stmt                                     | 180.00   |
| Multiple<br>Dependent  |             | J   | Į.          | x [  |                             | = 0                 |             | 581                         | 40  | 581                                     | 40                               | Recording each patent assignment<br>per property (times number of<br>properties) |          |
| Large Entity Small Entity  |             |   |             |  | 146                         | 740                 | 246         | 370                         | Filing a submission after final rejection (37 CFR § 1.129(a)) |   |                                  |  |          |
| Fee<br>Code  | Fee<br>(\$) | Fee<br>Code   | (\$)        | Fee Description  |                             |                     |             | 149                         | 740   | 249                                     | 370                              | For each additional invention to be examined (37 CFR § 1.129(b))                 |          |
| 103<br>102   | 18<br>84    | 203<br>202  | 9<br>42     | Claims in excess of 20   |                             |                     |             | 179                         | 740   | 279                                     | 370                              | Request for Continued Examination (RCE)  |          |
| 102  | 280         | 202   | 140         | Independent claims in excess of 3  Multiple dependent claim, if not paid |                             |                     |             |                             |   |   |                                  |  |          |
| 109  | 84          | 209   | 42          | ** Reissue independent claims over<br>original patent                    |                             |                     |             | 169                         | 900   | 169                                     | 900                              | Request for expedited examination of a design application                        |          |
| 110  | 18          | 210 9 ** Reissue claims in excess of 20 and over original patent                                |             |  |                             | Other fee (specify) |             |                             |   |   |                                  |  |          |
| SUBTOTAL (2) (\$) 0  |             |   |             |  |                             |                     | ced by Ba   |                             | g Fee Pa  | aid SUBTOTAL (3) (\$) 180               |                                  |  |          |
| **or number previously paid, if greater; For Reissues, see above |             |   |             |  |                             |                     |             |                             |   | (\$) 100                                |                                  |  |          |
| J. 170714  | p           |   | g           |  |                             |                     |             |                             |   |   |                                  |  |          |

| SUBMITTED BY      |                  |                                  | Complete (if applicable) |           |              |  |  |
|-------------------|------------------|----------------------------------|--------------------------|-----------|--------------|--|--|
| Name (Print/Type) | Elizabeth Cassen | Registration No. Atterney/Agent) | 31,845                   | Telephone | 508-270-2553 |  |  |
| Signature         | Chial            | ith fara                         |                          | Date      | 8/1/02       |  |  |
|                   |                  |                                  |                          |           | 77           |  |  |

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